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TREPHO TERRACE

8300 WEST BELOIT ROAD

WEST ALLIS 53219 Phone: (414) 607-4100 Ownershi p: Nonprofit Church-Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 28 Title 18 (Medicare) Certified? No

28

Number of Residents on 12/31/00: 25

Total Licensed Bed Capacity (12/31/00):

Average Daily Census:

26

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	44. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	16. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 0	More Than 4 Years	40. 0
Day Services	No	Mental Illness (Org./Psy)	20.0	65 - 74	4.0		
Respite Care	No	Mental Illness (Other)	4. 0	75 - 84	36. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56. 0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals No Cancer		4. 0		Nursing Staff per 100			
Home Delivered Meals	me Delivered Meals No Fractures		0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	20.0	65 & Over	96. 0		
Transportation	No	Cerebrovascul ar	20.0			RNs	10. 6
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	22. 4
Other Services	No	Respi ratory	4.0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	28. 0	Male	0.0	Aides & Orderlies	26. 2
Mentally Ill	No			Female	100. 0		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi c	are		Medi c	ai d											
		(Title 18) (Title		e 19) Othe			er Private Pay			I	Manage	Percent					
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0%
	-			-			_			_			-				
Skilled Care	0	0. 0	\$0. 00	11	55. 0	\$104.61	0	0. 0	\$0.00	4	80. 0	\$133.00	0	0. 0	\$0. 00	15	60. 0%
Intermediate				9	45 . 0	\$84. 32	0	0.0	\$0.00	1	20. 0	\$133.00	0	0.0	\$0.00	10	40.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Total	0	0. 0		20 1	100. 0		0	0.0		5	100. 0		0	0.0		25	100.0%

TREPHO TERRACE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
		[9/	6 Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	3. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent I	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		64. 0	36. 0	25
Other Nursing Homes	46. 9	Dressi ng	20. 0		44. 0	36. 0	25
Acute Care Hospitals	50. 0	Transferri ng	48. 0		40. 0	12. 0	25
Psych. HospMR/DD Facilities	0.0	Toilet Use	44. 0		44. 0	12. 0	25
Rehabilitation Hospitals	0.0	Eati ng	80. 0		4. 0	16. 0	25
Other Locations	0.0	**************	******	******	******	*********	*******
Total Number of Admissions	32	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Re	espi ratory Care	0. 0
Private Home/No Home Health	2.9	0cc/Freq. Incontinen	t of Bladder	68. 0	Recei vi ng Ti	racheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontinen	t of Bowel	68. 0	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	5. 7				Receiving 0s	stomy Care	4. 0
Acute Care Hospitals	57. 1	Mobility			Receiving To	ube Feeding	4. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8. 0	Receiving M	echanically Altered Diets	28. 0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	34. 3	With Pressure Sores		4.0	Have Advance	e Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	35	[Receiving Pa	sychoactive Drugs	28. 0
******************	*****	********	******	******	***********	*********	******

		0wn	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Non	profit	Unde	er 50	Ski l	lled	Al l	[
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 9	91.5	1. 01	74. 2	1. 25	81. 9	1. 13	84. 5	1. 10
Current Residents from In-County	92. 0	87. 4	1.05	85.6	1.07	85. 6	1.07	77. 5	1. 19
Admissions from In-County, Still Residing	28. 1	27. 5	1. 02	30. 4	0. 93	23. 4	1. 20	21. 5	1. 31
Admissions/Average Daily Census	123. 1	115. 2	1.07	95. 0	1. 30	138. 2	0.89	124. 3	0. 99
Discharges/Average Daily Census	134. 6	118. 5	1. 14	103.0	1. 31	139. 8	0. 96	126. 1	1.07
Discharges To Private Residence/Average Daily Census	3. 8	35. 5	0.11	8. 0	0. 48	48. 1	0.08	49. 9	0.08
Residents Receiving Skilled Care	60. 0	89. 5	0.67	73. 4	0. 82	89. 7	0.67	83. 3	0.72
Residents Aged 65 and Older	96. 0	96. 9	0.99	96. 3	1.00	92. 1	1.04	87. 7	1.09
Title 19 (Medicaid) Funded Residents	80. 0	57. 6	1. 39	50. 5	1. 58	65. 5	1. 22	69. 0	1. 16
Private Pay Funded Residents	20. 0	35. 4	0. 56	45. 2	0.44	24. 5	0.82	22. 6	0.89
Developmentally Disabled Residents	0. 0	0. 4	0.00	0.0	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	24. 0	30. 8	0. 78	52.7	0.46	31. 5	0. 76	33. 3	0.72
General Medical Service Residents	28. 0	24. 9	1. 12	8.0	3. 51	21.6	1. 30	18. 4	1. 52
Impaired ADL (Mean)	43. 2	50 . 5	0.86	51.9	0.83	50. 5	0.86	49. 4	0.87
Psychological Problems	28. 0	45. 5	0.62	36. 7	0. 76	49. 2	0. 57	50. 1	0. 56
Nursing Care Required (Mean)	5. 0	6. 6	0. 76	6. 4	0. 78	7. 0	0.71	7. 2	0. 70